

‘EFFECTIVENESS OF LAUGHTER THERAPY ON QUALITY OF LIFE (QOL) AMONG INMATES RESIDING IN OLD AGE HOME, MOTHIRAKANNY’

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ABSTRACT

The importance of laughter therapy is to provide physical and psychological well being. This study was carried out to evaluate the effectiveness of laughter therapy on quality of life among inmates residing in selected old age homes. The objective of the study was to evaluate the effectiveness of laughter therapy on quality of life among inmates in selected old age homes. Quasi experimental One group's pre test post test research design was selected to determine the effectiveness of laughter therapy. The sample included 42 elderly people and sampling techniques is purposive sampling technique. Modified WHO –QOL questionnaire was used for assessing the quality of life under 4 domains, which include physical, psychological, social and spiritual domains. Laughter therapy was administered for 5 consecutive days in the Old age Home.

Majority of samples (35.71) are between the age group of 60-70, 50% are males and 73.8% of samples belong to Christians. During the pretest, 52.38% of them have a good quality of life whereas, during the post test, 95.23% of them had a very good quality of life. None of them had average or poor quality of life during post test. The difference between the pretest and post test scores of Quality of Life is significant at 0.01 level in all domains, as the obtained paired t' value (8.71) is greater than the table value (2.02). Hence It is concluded that laughter therapy is effective in improving the quality of life of elderly people.

KEYWORDS: *Laughter Therapy, Quality of Life, Old Age Home & Effectiveness*

Received: Jul 09, 2021; **Accepted:** Jul 29, 2021; **Published:** Oct 18, 2021; **Paper Id.:** IJMPSDEC202113

INTRODUCTION

“Grey hair is a crown of splendor; it's attained in the way of righteousness” (Proverb 16:31). Aging is a reality of life and it begins on the day of birth and ends on the day of death. Aging can be described chronologically, functionally and physiologically. Numerous people who are in old age remain functionally and physiologically youthful and are productive members of society. The various psychosocial aspects of the elderly depend upon their works, relationships and terrain. The common problems of the elderly include occurrence of diseases, death of the loved one, withdrawal from the job, missing of friends and sometimes change of house.

As the elderly population increases, the health problems, especially mental state problems, of such an age group go more important. The body organs get deteriorated as the age advances and it becomes nasty for the person to manage the particular must-haves as well as to take up social jobs. Multifold explorations have proved that jokes and laughter is important curative for enhancing the quality of life of geriatric people (1). As laughter provides positive energy to the person, it helps to overcome the stress and it considers as a healthy bearing. Laughter make changes in the general functions of the body and so it affects the bearing of the person. Laughter therapy could also be like cognitive-behavioral curatives that make physical, inner, and social confederations

healthy, sometimes enhancing the quality of life. Laughter therapy, as a non-pharmacological, dispensable treatment, features a positive effect on the inner state of the people. In addition, chuckling and laughing is freely accessible and fairish as it does not claim technical specifics, like suitable complexes and accoutrements. The medical profession attempts to incorporate laughter therapy as an antidote to more traditional therapies. Studies reveal that chuckling causes to reduce the stress making hormones in the blood (2).

Laughter is the best drug to many problems in our life. All of us heard this from childhood. Today life is extremely stressful and stress related ailments are on the increase. Illness of late adulthood has some relations to stress (3). The social benefits of laughter therapy include strengthening alliances, amending collaboration and reducing conflicts, and making oneself more engaging to others (4). Chuckling considers as the universal medicinal for all people. It's cut-rate and engender wonder in the minds of the people (Bertrand Russell). Dr. Madan Kataria, the instituting father of laughter Yoga, from Bombay discovered that the body can not distinguish between acted and genuine laugh. Fun and jokes improve the interpersonal relationship and make the emotional adhesion strong and it helps to reduce depression, especially among old age people. India, one of the populous countries in the world, has drastic demographic changes. Increased life prospects and falling fertility have swayed in an increase within the population of grown-ups ripened 60 and above. This change presents wide-ranging and complex health, social, and profitable challenges, both current and future, to which this diverse and fast growing country must rapidly adapt [5].

The therapeutic laughter in senior people relaxes the whole body. A good laugh helps to relieve physical stress and allowing us to relax for up to 45 minutes. Laugh boosts the invincible system. Laugh increases immune cells and helps to produce antibodies and improves resistance to diseases. Laugh lightens anger's heavy loading. Laugh diffuses conflicts than any other therapy. Laughter may help people to live longer (6).

In Kerala, the culture of sending elderly persons to old age homes is fast increasing. Maturity of over-the-hill citizens in Kerala are widows. By 2025, about 20 per cent of our population would be elderly and the demand for the social security system would be really enormous (7). Hence the investigator decided to conduct a study on the effectiveness of laughter therapy among ageing people.

Statement of the Problem

A study to assess the effectiveness of laughter therapy on quality of life among inmates residing in old age homes at Mothirakanny in Thrissur District, Kerala.

Objectives

- To assess the quality of life among inmates in selected old age homes.
- To evaluate the effectiveness of laughter therapy on quality of life among inmates in selected old age homes.
- To associate the quality of life with selected socio demographic variables.

Hypothesis

There will be a significant difference in the quality of life among inmates after laughter therapy at 0.05 levels.

Conceptual Framework

The conceptual framework used for the study was Ludwig von Bertalanffy (1969) system theory. In this theory, the main

focus is on discrete parts and their interrelationship which consist of input, throughput, output and feedback.

METHODS

The research design adopted for the study is quasi experimental design with one group pre test post test design. The study was conducted in 'Amma old age home' situated in Mothirakanny at Thrissur district. The sample size was 42 elderly people and a purposive sampling technique was adopted to select the sample based on inclusion and exclusion criteria.

The Data Collection Instruments

Consists of two sections- *Section-1*: socio demographic data of elderly people, includes age, sex, marital status, educational status, religion and number of children. *Section-2*: Rating scale to assess the quality of life of inmates residing in old age homes. Modified WHO –QOL questionnaire was used for assessing the quality of life under 4 domains which include physical, psychological, social and spiritual domains.

Data Collection Process

The Investigator obtained written permission from principal of St. James College of nursing and the Director of Amma old age home at Mothirakanny. The subjects were given an introduction about the purpose of the study and individual consent was taken. The pre test was done using a structured interview schedule prepared in Malayalam and the time taken to conduct pre test was 30 minutes. The different aspects of laughter therapy including the benefits were explained to the participants using PowerPoint presentation and the steps of laughter therapy were demonstrated by the investigator for one hour daily for 5 consecutive days. Post test was conducted after 5 days from the pre test and the data collected was organized for analysis.

RESULTS

The present study involved 42 samples in which all members belonged to the age group of 40-90years of age out of that 50%were females and 50%males. 71.4% had a primary level of education. 57.14% of subjects were married, among that 40.47% have children and 42.85%subjects were unmarried. 73.8%of subjects are Christians, 23.8%are Hindu and 2.38 are Muslim.

Table 1: Mean Difference, Standard Deviation, Paired t Value of Different Domains of Quality of Life of Inmates Residing in Old Age Home During Pre Test and Post Test

Sub Group	Mean QOL		Mean Difference	Standard Deviation Difference	Degree of Freedom	Paired t Value
	Pre Test	Post Test				
Physical	26.38	33.15	7.07	2.35	41	2.55*
Social	16.24	17.97	1.73	3.14	41	2.05*
Psychological	13.90	18.61	4.71	3.13	41	2.04*
Spiritual	15.95	19.38	3.43	3.09	41	2.07*
Total	72.47	89.41	16.94	11.91	41	8.7*1
*Significant at 0.01 level						

It is evident from the above table that the difference between the pretest and post test scores is significant at 0.01 level in all domains of Quality of Life, as the obtained paired t'value (8.71) is greater than the table value (2.02). Hence It is concluded that laughter therapy is effective in improving the quality of life of people. Hence research hypothesis is

accepted.

Table 2: Frequency and Percentage Distribution of Elderly People based on the Score of Quality of Life

Score	Grade	Pretest		Post Test	
		Frequency	Percentage	Frequency	Percentage
80-100	Very good	12	28.57	40	95.23
60-79	good	22	52.38	2	4.76
40-59	average	7	16.66	0	0
Less than or equal to 39	poor	1	2.38	0	0

It is clear from the above table that during the pretest, 52.38% of them have a good quality of life whereas during the post test, 95.23% of them had a very good quality of life. None of them had average or poor quality of life during post test.

Table 3: Grading of Pre and Post Test Scores of Different Aspects of Quality of Life Among the Elderly Residing in Old Age Home

Domain	Score	Grade	Pretest		Post Test	
			Frequency	Percentage	Frequency	Percentage
physical	32-40	Very good	12	28.57	31	73.8
	24-31	good	15	35.7	11	26.19
	16-23	average	13	30.95	0	0
	<16	poor	2	4.76	0	0
social	16-20	Very good	29	69.04	39	92.8
	12-15	good	9	21.42	3	7.14
	8-11	average	3	7.14	0	0
	<8	poor	1	2.38	0	0
psychological	16-20	Very good	15	35.7	38	90.47
	12-15	good	18	42.8	4	9.52
	8-11	average	8	19.04	0	0
	<8	poor	1	2.38	0	0
spiritual	16-20	Very good	29	69.04	40	95.23
	12-15	Good	8	19.04	2	4.76
	8-11	average	3	7.14	0	0
	<8	poor	2	4.76	0	0

Table shows that in Physical domain the pretest percentage was 28.57% and in post test percentage was 73.8% as the grade of 'very good'. Then, the Social domain has the pretest percentage was 69.04% and in the post test was 92.8%. Then, the Psychological domain has the pretest percentage was 35.7% and in the posttest percentage was 90.47%. Then, the spiritual domain has the pretest percentage was 69.04% and the posttest percentage was 95.23%. The difference between both pretest and the posttest is,

- Physical domain-45.23%
- Social domain-23.76%
- Psychological domain-54.77%
- Spiritual domain -26.19%

DISCUSSIONS

Data from range, median, mean, standard deviation of different aspects of quality of life of inmates in old age home during post test shows the highest mean of 33.45, and mean percentage 83.62 in the physical post test quality of life. It shows a medium mean of 18.61, a standard deviation of 1.78 mean percentages of 93.05 in the psychological post test quality of life score. It also has a low mean of 17.91, standard deviation 1.9 and mean percentage 89.85 in the social post test quality of life. A study conducted by Kuru N on "The effect of laughter therapy on quality of life of nursing home residents" shows that after the laughter therapy intervention, general and sub scales quality time life score of residents in the experimental group significantly increased in comparison with the pre test. The result indicated that there is improved quality of life of nursing home residents.

CONCLUSIONS

The present study was done to evaluate the effectiveness of laughter therapy on the quality of life among inmates residing in adulthood homes. The data was gathered from 42 inmates residing in Amma old age home in Mothirakanny. Laughter therapy is effective in improving quality of life. It cause much appreciate encouraging as well as satisfying to note that after the administration of laughter therapy, the post test scores had an increase in the quality of life of inmates in old age homes. The findings of the study reveal that laughter therapy is an effective intervention that can be planned for elderly people.

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